



SANDRA SHEWRY
Director

State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

May 14, 2004

CHDP Program Letter No.: 04-11

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN'S
MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE
STAFF

SUBJECT: CHDP PROVIDER INFORMATION NOTICE NO.: 04-11, AUTOMATIC
MEDI-CAL ENROLLMENT THROUGH THE CHDP GATEWAY

Enclosed is CHDP Provider Information Notice No.: 04-11 announcing modifications to the CHDP Gateway, effective June 1, 2004, that allow CHDP providers to automatically enroll eligible infants younger than one year of age into the Medi-Cal Program without requiring their parents to complete a joint *Healthy Families/Medi-Cal application* (MC 321).

A supply of infant enrollment flyers entitled *Important Information for Parents of Infants Under One Year of Age* will be shipped to local CHDP provider within your program who may serve infants under one year of age. The provider should give this flyer to families, along with the DHS 4073, revised 06-04. The flyer is intended as take-home information. Additional flyers may be ordered from the DHS warehouse as DHS Pub. 186 (see attachments).

Please distribute the enclosed Provider Information Notice without any revisions to providers in your local program area and complete and return the *Report of Distribution* (DHS 4504), which can be found at www.dhs.ca.gov/chdp.

If you have any questions, please contact your Regional Nurse Consultant.

Original signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children's Medical Services Branch

Enclosures

Important Information For Parents of Infants Under One Year of Age!




If baby's mother was receiving Medi-Cal benefits at the time of baby's birth, the baby may be eligible for Medi-Cal Infant Enrollment NOW!

How can my baby get Medi-Cal?

1. Complete the CHDP Pre-enrollment Application
2. Mark "yes" to "I want to apply for continuing coverage through Medi-Cal or Healthy Families."
3. Complete the Pre-Enrollment Application section titled "For patients under one year of age."

Child Health & Disability Prevention



Infant Enrollment	Temporary Medi-Cal
<p>If baby is eligible and enrolled in Medi-Cal today, baby can receive health care services paid for by Medi-Cal until baby's first birthday:</p> <ol style="list-style-type: none">1. You will get a receipt you can use for health care services until baby's Medi-Cal Benefits Identification card (BIC/Medi-Cal card) comes in the mail.  <ol style="list-style-type: none">2. You will NOT need to complete a Medi-Cal/Healthy Families application.3. The county welfare department will contact you.	<p>If baby is enrolled in temporary Medi-Cal today, baby can get health care services paid for by Medi-Cal until the end of next month:</p> <ol style="list-style-type: none">1. You will get a receipt you can use for health care services until baby's BIC/Medi-Cal card comes in the mail.2. You may be able to continue baby's Medi-Cal coverage by completing a Medi-Cal/Healthy Families application. An application will be mailed to you. Fill out and mail the application right away.3. The county welfare department will contact you.4. For help or questions about the Medi-Cal/Healthy Families application, call 1-800-880-5305. It's FREE!
<p>If your baby is not eligible for Infant Enrollment today, your baby may be eligible for temporary Medi-Cal at no cost to you.</p>	<p>If your baby is not eligible for Medi-Cal or Healthy Families, he/she may continue to get well-baby exams at no cost through the CHDP program.</p>

How can my baby use health care services after today?

Make an appointment by calling a Medi-Cal doctor. If you need help finding a doctor, call your local CHDP program. Take to all appointments:

- The temporary receipt you get today, or
- The BIC/Medi-Cal card you get in the mail

The information you give on the CHDP Pre-Enrollment Application is confidential and will be used to:

- Determine your baby's eligibility for today's CHDP exam
- Determine your baby's eligibility for ongoing health care coverage through Medi-Cal
- Include your baby in the California Department of Health Services confidential record system.

Using CHDP or Medi-Cal cannot prevent you or your baby from getting a green card by making you a public charge and cannot prevent you from becoming a U.S. citizen.

**CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
PRE-ENROLLMENT APPLICATION****Instructions to the Parent or Patient:**

- In order to receive a health examination today at no charge, you must provide the information required on this form. The information you give is confidential. This is a voluntary program.

Is the patient less than 19 years of age? ☐ Yes ☐ No

How many people are in your family? _____

How much money does your family make before taxes? \$ _____ Or \$ _____
Monthly Yearly

- You or your child may be eligible for continued health care coverage through Medi-Cal or Healthy Families.

I want to apply for continuing coverage through Medi-Cal or Healthy Families. ☐ Yes ☐ No

If you answered *yes* to this question, an application will be mailed to you in a few days. Please return it promptly. If you answered *no* to this question (or if you answered *yes* but do not return the application), the patient's coverage for health, dental, and vision benefits will stop at the end of next month unless the county Department of Social Services notifies you otherwise.

Patient InformationDoes the patient have a State of California Benefits Identification Card (BIC) or Medi-Cal card? ☐ Yes ☐ No

If yes, what is the identification number on the BIC card (if available)? _____

Patient's name—Last First Middle initial

Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient's social security number (SSN) (<i>optional</i>)
--------------------------------	---	--

☐ If you are homeless, check here. Enter the general location in the "Home address" section and complete the "Mailing address" section.

Home address	Apartment number	City	State	ZIP code
--------------	------------------	------	-------	----------

County of residence

Mailing address (if different from home address)	Apartment number	City	State	ZIP code
--	------------------	------	-------	----------

Mother's name—Last First Middle initial

For patients under one year of age, please complete this section.If less than one year of age, did the infant live with the mother in the month of birth? ☐ Yes ☐ No

Mother's date of birth (month/day/year)	Mother's BIC or Medi-Cal card number or social security number
---	--

Parent/Legal Guardian Information

Name of parent/legal guardian or emancipated minor patient—Last First Middle initial

Home telephone number ()	Work telephone number ()	Message telephone number ()
------------------------------	------------------------------	---------------------------------

What language do you speak at home? What language do you read best?

Certification

I am requesting a CHDP health examination today. I certify that I have read and understand this form. I declare that the information I have provided is true, correct, and complete.

Signature of parent/guardian or emancipated minor	Relationship to patient	Date
---	-------------------------	------

An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information is the Department of Health Services, MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413. A copy of this information may be shared with the county Department of Social Services in the county in which you reside and will be kept with your child's medical record by your child's CHDP provider.